

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_\_ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

---

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92  
Supersedes \_\_\_\_\_  
TN No. NEW

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

|       |        |           |             |           |             |
|-------|--------|-----------|-------------|-----------|-------------|
| QMBs: | Part A | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |
|       | Part B | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |

---

|            |        |           |             |           |             |
|------------|--------|-----------|-------------|-----------|-------------|
| Other      | Part A | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |
| Medicaid   |        |           |             |           |             |
| Recipients | Part B | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |

---

|            |        |           |             |           |             |
|------------|--------|-----------|-------------|-----------|-------------|
| Dual       | Part A | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |
| Eligible   |        |           |             |           |             |
| (QMB Plus) | Part B | <u>SP</u> | Deductibles | <u>SP</u> | Coinsurance |

---

---

|            |              |               |                   |                |               |
|------------|--------------|---------------|-------------------|----------------|---------------|
| TN No.     | <u>92-02</u> | Approval Date | <u>DEC 9 1992</u> | Effective Date | <u>7/1/92</u> |
| Supersedes | <u>NEW</u>   |               |                   |                |               |

---

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 3  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

TN No. 92-02

~~Supersedes~~

Approval Date

DEC 9 1991

Effective Date 7/1/92

TN No. NEW

HCFA ID: 7982E